

### ACKNOWLEDGEMENT FORM

I acknowledge receipt of a copy of the NSIB HR Policy Manual. I confirm that I have read and fully understood, having been given the opportunity to seek necessary clarifications thereto and hereby accept the contents of this Policy Manual.

I pledge to willingly abide by all the Rules and Regulations contained herein as may be amended from time to time.

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DESIGNATION/RANK ..... Information Officer 1 .....

DEPARTMENT ..... Public Affairs and Consumer Protection .....

STAFF NUMBER: ..... NSIB/P/186 .....

SIGNATURE/DATE: .....  01/09/2023 .....